

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-S17485

APPLICANT(S)

FILING DATE
12804

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2			1				52						
3			1				53						
4							54						
5							55						
6							56						
7							57						
8							58						
9			1				59						
10			1				60						
11			1				61						
12							62						
13							63						
14			1				64						
15			1				65						
16			1				66						
17							67						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS	10												